

TUE 14:00 FAX 502 561 0442 Middleton Reutlinger 24

003/004

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22884 7590 10/06/2004

MIDDLETON & REUTLINGER
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James Minton (Deposit)
1/4/05

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION
10/728,583	12/05/2003	James M. Kleinert	ZM338/03002	8971

TITLE OF INVENTION: BASEBALL GLOVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 \$1400	\$0	\$1370 \$1400	01/06/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
WELCH, GARY L	3765	002-019000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Charles G. Lamb
2 Middleton Reutlinger
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Hillerich & Bradsby Co.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Louisville, KY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Gov

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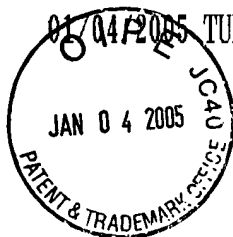
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *John F. Salazar*
Typed or printed name John F. SalazarDate 1/4/05
Registration No. 39,353

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, prepa submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commo Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B Alexandria, Virginia 22313-1450.

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FROM: John F. Salazar, Reg. No. 39,353 Date: January 4, 2005
(faxed by Lynn Minton, Paralegal)

TO: U.S. Patent and Trademark Office
Fax #703-746-4000

Re: Issue fee payment for U.S. Patent Application No. 10/728,583
Attorney Docket No. ZM339/03002

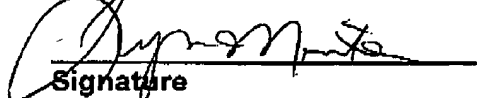
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This facsimile is in response to the Notice of Allowance, mailed on October 6, 2004.

1. Issue Fee Transmittal Form;
2. Transmittal Form;
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002/004

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/728,883
	Filing Date	12/5/2003
	First Named Inventor	KLEINERT
	Art Unit	3765
	Examiner Name	WELCH
Total Number of Pages in This Submission	Attorney Docket Number	ZM339/03002

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): ISSUE FEE TRANSMITTAL FORM; FACSIMILE TRANSMITTAL FORM
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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Signature		
Printed name	JOHN F. SALAZAR	
Date	1/4/05	Reg. No. 39,353

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Typed or printed name	LYNN MINTON
Date	1/4/2005

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